

Case Number:	CM14-0202342		
Date Assigned:	12/12/2014	Date of Injury:	11/23/2005
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who sustained an injury on 11/23/05. She is currently status-post right total knee arthroplasty in 2013. According to the 9/26/14 physical therapy note, she completed 24 visits of physical therapy. After her 21st physical therapy visit, it was noted that she had reached a plateau in her supervised physical therapy. The attending physician report dated 10/9/14 indicates the patient complains of ongoing lower back pain, right knee pain, and left knee giving way. Physical examination notes reveal her right knee has 0-120 degrees of range of motion without instability. She is retired. The current diagnoses are: 1. Low back pain 2. Lumbar radiculopathy 3. Lumbar DDD 4. Status-post right total knee arthroplasty 5. Left knee degenerative joint disease 6. Left knee chondromalacia The utilization review report dated 11/20/14 denied the request for Physical therapy 2 x 3 for the right knee based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 x 3 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has persistent complaints of lower back pain, right knee pain and left knee giving way. The current request is for Physical Therapy 2x3 for the right knee. MTUS does not indicate the number of visits outlined chronic knee pain following status post knee arthroplasty. However, chronic knee pain is similar to myalgia/myositis and neuritis/radiculitis for which MTUS guidelines allow 9-10 therapy visits. The MTUS guidelines also allow for fading of treatment frequency, plus active self-directed home physical medicine. In this case, there is a request for 6 sessions. The review of records indicate that the patient has completed 24 physical therapy sessions and was considered to have reached a plateau. The current request for physical therapy 2x3 is within the MTUS guidelines. The request lacks any discussion of new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. There is also no discussion of why the patient has not been transitioned into a home exercise program nearly a year following arthroplasty, or why the patient would still require supervised physical therapy. The available treatment records for my review do not support medical necessity. The request is not medically necessary and appropriate.